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CHOSEN OR FORCED:

EMPLOYMENT AND WOMEN'S HEALTH

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ABSTRACT

Research on the effects of employment status on women's health has produced conflicting results. This study looked at women's health not only in the context of employment status, but also in the context of whether the subjects perceived they had some discretion or choice over that status. One hundred and seventy-one women in Wanganui indicated whether they were working or not working from choice. This enabled the proposition that perceived discretion over employment status accounts for more variance in women's physical health than employment status *per se*, to be tested.

Health status was defined for analysis by self-reports of health, symptoms, and doctor visits. In addition the frequencies of engaging in 20 health behaviours were measured. The health behaviours most often performed were those of hygiene and nutrition. Subjects also responded to questions on the meaning and value of health, barriers to health care, and other sources of health advice they would use. Results showed that subjects defined health primarily in affective terms, and over two-thirds regarded their health as very important. Cost was the most often cited barrier to health care, and health advice other than from a doctor was most likely to be sought from naturopaths and/or homeopaths.

Significant intercorrelations were found between health variables. The strongest relationship was between self-rated health and symptoms, supporting the contention that women are attuned to somatic changes in their physiology. Also significant was the relationship between self-rated health and health behaviours.

Employment discretion was found to be a significant factor for symptoms, self-rated health and health behaviours, but employment status was not significant. No interaction effects were found between discretion and employment status.

Results indicate that women who believe they have discretion over their employment status rate their health higher, engage in more health behaviours, and report fewer symptoms than women without such perceptions. It appears that rather than focussing on the external factor of employment status, future health research may more usefully address internal factors of perceived discretion and choice.

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